MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2	1		1				52							
3		1		1			53							
4		3		1			54							
5		3		1			55							
6		0		1			56							
7		0		1			57							
8	1		1				58							
9	1		1				59							
10		0					60							
11		2		0			61							
12		0		1			62							
13	1		1				63							
14		0		0			64							
15	1		1				65							
16	1		1				66							
17	1		1				67							
18		0		1			68							
19		0		1			69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	8		8				TOTAL IND.							
TOTAL DEP.	15		11				TOTAL DEP.							
TOTAL CLAIMS	23		19				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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